## IRIS Meaningful Use Form

Email this completed form and your organization's test message to imm.meaningfuluse@idph.iowa.gov.

	Date:	
1.	Organization name:	
2.	Organization Information: Street address City State Zip Phone	
3.	Primary Contact Name: Title Email (where test file confirmation will be sent) Phone	
4.	Are you submitting for multiple provider sites/hospital sites?  A. Select <b>Yes</b> if you are registering multiple provider sites with either multiple or individual providers listed under each site. Sites MUST be connected to the same EHR server / database location.  B. Select <b>Yes</b> if you are registering for multiple hospital sites. Sites MUST be connected to the same EHR server / database location.	
5.	What stage of Meaningful Use are you pursuing?	
6.	What version of HL7 is used?	
7.	EHR Vendor: A. EHR Product B. EHR Vendor	
	IDPH Use Only	
	Date Received: Date Test Completed: Date Confirmation Sent:	